

<b>Case Number:</b>	CM13-0064666		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Chiropractic and Acupuncture and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 31 year old male who reported low back pain from an injury sustained on 07/18/13 while carrying a 90 pound ladder when he felt a sharp pain. There were no diagnostic imaging reports. Patient has been treated with physical therapy and chiropractic. Patient was seen for a total of 6 visits. Patient reported no symptomatic or functional improvement. Primary treating physician is requesting additional 12 chiropractic treatments. Per utilization review, notes dated 09/18/13 revealed patient complained of constant pain in low back which radiates to buttock and thigh. Per utilization review, PR2 notes dated 10/17/13 revealed no significant changes in pain. Handwritten chiropractic notes were included in the medical records dated 10/21/13 and 10/23/13 which were not legible. Notes dated 10/21/13 revealed pain 4/10 and notes dated 10/23/13 documented pain between 4-5/10. There is no assessment in the provided medical records of functional efficacy with prior chiropractic visits.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**CHIROPRACTIC TREATMENT TO THE LUMBAR SPINE, THREE TIMES PER WEEK FOR FOUR WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MAUAL THERAPY AND MANIPULATION Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 298, Chronic Pain Treatment Guidelines MAUAL THERAPY AND MANIPULATION  
Page(s): 58-59.

**Decision rationale:** American College of Occupational and Environmental Medicine Guidelines, ACOEM, Chapter 12, page 298, state "Manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. If manipulation does not bring improvement in 3-4 weeks, it should be stopped and patient should be evaluated. For patients with symptoms lasting longer than one month, manipulation is probably safe but efficacy has not been proved" . MTUS- Chronic Pain Medical Treatment Guidelines - Manual Therapy and Manipulation, Page 58-59, state "Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measureable gain, functional improvement that facilitates progression in the patient's therapeutic exercise program, and return to productive activities. Low Back: Recommended as an option. Therapeutic caretrial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - not medically necessary. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines: A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function". In this case, the patient had 6 prior chiropractic visits; however, clinical notes fail to document any functional improvement with prior care. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 12 Chiropractic visits are not medically necessary.